**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/642398
Filing Date	8/14/2003
First Named Inventor	Frederick Hayes-Roth
Art Unit	2174
Examiner Name	Sax, Steven Paul
Attorney Docket Number	FHR-103/US

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Reply to Missing Parts/
Incomplete Application | <input type="checkbox"/> Certified Copy of Priority Doc(s) |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Declaration | <input type="checkbox"/> Request for Refund |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Recordation Cover Sheet | <input type="checkbox"/> After Allowance Comm. to TC |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Assignment | <input type="checkbox"/> Appeal Comm. to TC
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Power(s) of Attorney, Revocation
Change of Corresp. Address | <input type="checkbox"/> Appeal Comm. to Board of
Appeals and Interferences |
| <input type="checkbox"/> Copies of Cited References | <input type="checkbox"/> Statement(s) under 3.73(b) | <input type="checkbox"/> Express Abandonment Request |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> Copy of Assignment(s) | <input type="checkbox"/> Petition to Revive |
| <input checked="" type="checkbox"/> Other (Specified below) | <input type="checkbox"/> General Power(s) of Attorney | <input type="checkbox"/> Certificate of Correction |

Other: RCE Transmittal

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM		
SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
PRINTED NAME	Trieu T. Mai		
DATE	2/17/09	REGISTRATION NUMBER	61,354

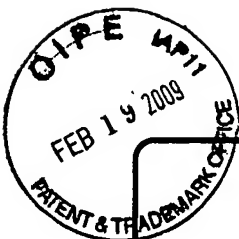
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Patricia Shepherd /
PRINTED NAME	Patricia Shepherd
DATE	2/17/09

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



FEE TRANSMITTAL for FY 2007

		Application Number	10/642398
		Filing Date	8/14/2003
		First Named Inventor	Frederick Hayes-Roth
		Art Unit	2174
<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	Sax, Steven Paul
TOTAL AMOUNT OF PAYMENT	\$405	Attorney Docket Number	FHR-103/US

METHOD OF PAYMENT (Check all that apply)

- ☐ A check or money order is enclosed to cover the filing fees.
- ☒ Payment by credit card. Form PTO-2038 is attached.

FEE CALCULATION

1. Basic Filing, Search and Examination Fees

Application Type:	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	330	165	540	270	220	110	\$0
Design	220	110	100	50	140	70	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. Excess Claims Fees

Total Claims	Threshold	=	Extra Claims	Fee (\$)	
49	- 49	=	0 X	\$52 (\$26)	\$0
Indep. Claims	Threshold	=	Extra Claims	Fee (\$)	
2	- 3	=	0 X	\$220 (\$110)	\$0
Multiple Dep. Claims				Fee (\$)	
<input type="checkbox"/>				\$390 (\$195)	

3. Application Size Fee

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	
- 100 =	/50 =	X \$270 (\$135)	\$0

4. Other Fee(s)

Non-English specification (\$130 fee, no small entity discount)	
Other: RCE fee (\$405)	\$405

SIGNATURE / Trieu T. Mai / Reg.No. 61,354			
PRINTED NAME	Trieu T. Mai	TELEPHONE	650-424-0100
DATE	2/17/09	REGISTRATION NUMBER	61,354